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SECRETARY OF STATE AND A SECRETARY OF STATE AND

SEP 11 2019

COVER LETTER

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TO: Amendment Section Division of Corporations

Mailing Address

NAME OF CORPO	PRATION: MAD AVE PROP	PERTIES 3, LLC				
	IBER:					
The enclosed Article	s of Amendment and fee are st	ubmitted for filing.				
Please return all corr	espondence concerning this ma	itter to the following:				
	Robert Bledsoe Jr					
		Name of Contact Perso	n			
	MAD AVE PROPERTIES 3, LLC					
	··	Firm/ Company				
	2035 SW 7th Ct					
		Address				
	Boca Raton, FL 33486					
		City/ State and Zip Cod	e			
mad	aveproperties@ymail.com					
	E-mail address; (to be u	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Robert Bledsoe Jr		at (de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fi	or the following amount made j	payable to the Florida Depa	ertment of State;			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

Straat Address

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAD AVE PROPERTIES 3 LLC

FILED

(Name of the Li	nited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
	(v. course counce cisounly co	2979 AUS 2 P ≥ 16 €
The Articles of Organization for this Limited	Liability Company were filed	d on 06/17/2011 suppose these orange samples signed
Florida document number £11000070654	. <u>.</u>	d on 06/17/2011 SECRETARY OF THE SECRETA
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability comp	pany here:
NA		
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable: NA	
Principal office address MUST BE A STRE	ET ADDRESS)	
-		
Enter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE	E BOXi	

3. If amending the registered agent and	Vor registered office addr	ess on our records, enter the name of the n
egistered agent and/or the new registered (Mice address here:	
Name of New Registered Agent:	Robert Bledsoe Jr	
New Registered Office Address:	2035 SW 7th Ct	
	En	ter Florida street address
	Boca Raton	, Florida 33486
	Cuv	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
NA	NA	NA	
			C Remove
			D.C.
			☐ Change
			□ Add
			П.
			□ Remove
			Change
			☐ Remove
			□ Change
			D Add
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			□ P.,,,,,,,,,

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ffecti	ive date, if other than the date of filing:
an cff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 000
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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Page 3 of 3

Filing Fee: \$25.00